SEP 0 8 2004

PTC/SB/22 (06-04)
Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Tradamark Office; U.S. DEPARMENT OF COMMERCE
If the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

MAD	PET	ITION	FOR EXT	ENSION OF	Docket Number (Optional) 12492.0027						
	Appli	ication f	Number	09/833,80	Filed April 13, 2001						
	For SYSTEM AND METHOD FOR DETECTING INTERFERENCE										
	Art U	Init 26	635		Examiner Gary Chin						
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.										
	The	request	ed extensi	on and fee are	as follows (che	eck time period desired a		te fee below):			
		_	_	·		<u>Fee</u>	Small Entity Fee				
		x	One mon	th (37 CFR 1.1	7(a)(1))	\$110	\$55	\$ <u>110.00</u>			
			Two mon	ths (37 CFR 1.	17(a)(2))	\$420	\$210	\$			
_			Three mo	onths (37 CFR	1.17(a)(3))	\$950	\$475	\$			
•			Four mor	nths (37 CFR 1	.17(a)(4))	\$1480	\$740	\$			
			Five mor	iths (37 CFR 1	17(a)(5))	\$2010	\$1005	\$			
-	Applicant claims small entity status. See 37 CFR 1.27.										
	A check in the amount of the fee is enclosed.										
	Payment by credit card. Form PTO-2038 is attached.										
	☐ The Director has already been authorized to charge fees in this application to a Deposit Account.										
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-4293. I have enclosed a duplicate copy of this sheet.										
		WARN	ING: Inform	nation on this fo	orm may becom	e public. Credit card info n on PTO-2038.	=	· •			
	I am the ☐ applicant/inventor.										
	assignee of record of the entire interest. See 37 CFR 3.71.										
09/15/2004	LLUEE	r on		Magaz Stateme	nt under 37 C	FR 3.73(b) is enclose	d (Form PTO/SB/96).			
attorney or agent of record. Registration Number 36,715											
AT LOTTEAT	86.00 DA attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34										
	Chot I Salt						Septembe	r 8, 2004			
	•			Skg		Date					
	Scott D. Watkins						202-429-3000				
	Typed or printed name						Telephone Number				
			res of all the i ulred, see be		ees of record of the	entire interest or their represen	ntative(s) are required. Submi	it multiple forms if more than one			
	Total of 2 forms are submitted. This collection of information is required by 37 CER 1.136(a). The information is required to obtain a benefit by the cubic bit to file (and by the										

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

09/09/2004 KBETEMA1 00000045 09833802

01 FC:1251

110.00 gp

▶ PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 09/833802

CLAIMS AS FILED - PART I								SMALL ENTITY		•	OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL E	NTITY
TOTAL CLAIMS								RATE	FEE	ĺ	RATE	FEE
FO	R		NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TO	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	
		(Column 1)		(Colu		(Column 3)		SMALL E		OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PINDEN	I CLAIM			+140=		OR	+280 =	
							•	TOTAL		OR	TOTAL ADDIT. FEE	
		(Calumn 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
		(Column 1) CLAIMS		HIG	HEST	(Column 5)	1 i	· 1	ADDI-].		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	. 20	Minus	2	3	=		X\$ 9=		OR	X\$18=	
	Independent	* 9	Minus	***	8 T.C.I.AIM	= /	4	X42=		OR	X84=	86.00
	FIRST PRESE	NTATION OF M	OLTIPLE DE	ENDEN	T CLAIM		┛┃	+140=		OR	+280=	
••							ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	86 Oct
	:	(Column 1)		(Colu	ımn 2)_	(Column 3)		ADDII. PEE I			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL MI	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	7 .
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

24.